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BUSINESS AND PROFESSIONS DIVISION TIMESHARE SECTION P.O. BOX 9048 OLYMPIA, WA 98507-9048 (360) 664-6632

FAX (360)570-4956 E-MAIL: plssunit@dol.wa.gov

APPLICATION FOR REGISTRATION AS A

www.dol.wa.gov/plss/timfront.htm TIMESHARE SALESPERSON FOR VALIDATION ONLY Original Application Renewal Transfer \$50.00 \$50.00 \$50.00 001-000-21805 Make remittance payable to State Treasurer. Send this application with your remittance to: **Department of Licensing** PO Box 9048 Olympia, WA 98507-9048 **Applicant Information** Please type or print clearly Applicant Name _____ Mailing Address _____ _____ State ____ Zip ____ Telephone No. () City _____ Check one: WA Resident Non-resident Date of Birth Residence Telephone No. (_____) _____ Gender: 🗌 Male ☐ Female Social Security No. (Required per RCW 26.23.150) Previous registration date, name, and license reference number: ________________ **Company Information** Timeshare Name _____ Mailing Address _____ City ______ State _____ Zip _____ Telephone No. (_ City State Zip Upon Filing, This Application Becomes a Public Record and is Subject to Public Disclosure Provisions Pursuant to RCW 42.17 For Office Use Only Comments

Applicant Personal Data				
1.	Have you been convicted of a crime, misdemeanor or feld federal government, or any other jurisdiction within the p		YES	□NO
2.	Is there a criminal complaint, accusation, or information are you currently under indictment in this state, any other or any other jurisdiction?		YES	□NO
3.	Has any professional or occupational license, certificati suspended, revoked, refused or denied in this state, any or any other jurisdiction?		YES	□NO
4.	Have you ever had a civil court order, verdict, or judgeme competent jurisdiction in this state, any other state, the jurisdiction?		YES	□NO
Please attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.				
Declaration Of Applicant				
that the personal information I have provided in this application is true, complete, and correct. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my timeshare salesperson registration. I understand that any timeshare sales activity conducted prior to licensure is a violation of the law relating to the Timeshare Act, RCW 64.36. SALESPERSON'S CONSENT TO SERVICE As required by the Timeshare Act (RCW 64.36), I, the undersigned, do hereby agree and consent that any lawsuit or legal proceeding, naming me as a defendant, in which the allegations therin arise under any of the provisions of the Timeshare Act, may be served upon me by delivery to the Director of the Department of Licensing, Business & Professions Division, Timeshare Section, P.O. Box 9026, Olympia, Washington 98507-9026. Such delivery shall constitute legal service upon the salesperson.				
		X SIGNATURE OF APPLICANT		
Dated thisday of,				
		CITY STATE		
Employer Notification				
Pursuant to RCW 9A.72.085, I declare as true and correct that we propose to employ				
as a timeshare salesperson effective this day of , ,				
		X PROMOTER'S SIGNATURE		
		TYPED OR PRINTED NAME		
1				

CITY

STATE